

# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - HARRISBURG 1514 NORTH SECOND STREET

HARRISBURG

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: 3N8L8701

Exceptions: 29.33(6) LETTER ON FILE IN FACILITY.

Issued On: 11/14/2017

Effective From: 11/30/2017

Nancy J. hescarage

Ame, J. Lescavage Jeput, Secretary for Quality Assurance

Expiration Date: 11/30/2018

Rachel L. Levine, MD Secretary of Health

pennsylvania DEPARTMENT OF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.



### **License Application Form**

PLANNED PARENTHOOD KEYSTONE - HARRISBURG
1514 NORTH SECOND STREET
HARRISBURG, PA 17102
Facility ID: 3N8L8701 License #: 3N8L8701 Medicare No:

County Dauphin Phone Number (717)234-2468	Type o		lication
Phone Number (717)234-2468 Fax Number (610)481-0486	Туре о	TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE	
Email Address 708(b)(6)	Owner	ship	
Name of Immediate Owner	Type o Operat		
Accreditation Information	Unknown		
Please attach a copy of the Accrediting Organization's accre	editation letter.		
(03 - PPKEY_Letter.pdf)			
Remove Attachment View Attachment			
Current License Number 3N8L8701	Expiration Date of	Current License 11/	30/2017
ABF Beds			
Operating Rooms Procedure Rooms		Treatment Rooms	1
Type of Surgery: Medical Aborti	ion Procedures		
ABF Fields			
Anesthesia Type	Physical Status	CLASS 1	
Name 708(b)(1)(ii)		Effective	6/25/2016
* Medical Director Name 708(b)(1)(ii)		Lindan	0/20/2010
* Director of Nursing Name			
* Are there any directors, officers, agents, or managing enave ever been convicted of a criminal offense related to to VIII, XIX, or XX?  Yes  No	employees of the in their involvement i	nstitution, agency or n such programs est	organization wh ablished by Title
as there been a change in ownership Do you anticipate a	nny change of	Do you anticipate f	iling for
ownership or control within the last year? If yes, when?	ol within the year?	bankruptcy within when?	the year? If yes,

☑ No	<b>☑</b> No	<b>☑</b> No	
List name and address of all click <b>Attach</b> button after you	persons having ownership of select a file.)	5% or more (Type in or attach a doc	ument. Make sure to
Planned Parenthood Keystone is The organization is governed by Parenthood Federation of American	a Board of Directors. Planned P	of State as an independent not for profit (50 arenthood Keystone is a fully accredited affi	01c3) corporation.
Planned Parenthood Federation 123 William Street, 10th Floor New York, NY 10038	of America		-1
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to click <b>Attach</b> button after y	ou select a file.)	oardmembers. (Type in or attach a d	ocument. Make sure
(PPKey Board List and Contact I			=
Remove Attachment	View Attachment		
more in the institution,orga	nizations, or agency that ha	ct or indirect ownership or control inte ave been convicted of a criminal off e programs established by Titles XVIII	ense related to the
* Are there any individuals accounting, auditing, or simil intermediary or carrier within Yes  No	lar capacity who were emplo	e institution, agency, or organization byed by the institution's organization's tle XVIII providers only)	n in a managerial, s, or agency's fiscal
* Is the facility's ownership address of parent corporation document. Make sure to click Yes	on or pyramid corporate s	parent corporate structure? If applic tructures. Explain as necessary. (Ty ect a file.)	able, list name and /pe in or attach a
Planned Parenthood Keystone is	a fully accredited affiliate of PPF	A, Inc.	_
Planned Parenthood Federation of 123 William Street, 1 Floor New York, NY 10038	of America		3
The following centers are operate	ed by Planned Parenthood Keysto	one:	<b>+</b> 1
Attach	Browse		_
* Does owner(s) or corporate  ☑ Yes  ☐ No	members have financial inte	rest in other health care facilities?	
If yes, list name and addres financial interest. (Type in or a	s of all other health care fa attach a document. Make sur	icilities in which the owner or corpore to click <b>Attach</b> button after you sele	rate members have ect a file.)

Planned Parenthood Keystone	dba Planned Parenthood Keystone-Allentown	_
Allentown, PA 18101		<u></u>
DOH License number 0021870		
Planned Parenthood Keystone (	lba Planned Parenthood Keystone-Reading	
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* The completed form is a p 12-month period preceding a	public record if it is filed by a facility that received State-approprial request to inspect or copy it.	ited funds during the
Has the facility received such	funds?	
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If the facility is not yet opera	ting, will it receive State-appropriated funds when it begins operati	:3
	ting, with the earlier State-appropriated runds when it begins operation	ion?
O Yes   No		
* Is this form being filed to Form?	revise information provided in a previously submitted Abortion	Facility Registration
○ Yes ● No	_	
* List names and license r	numbers of physicians performing abortions in above facility (T	ype in or attach a
document. Make sure to click (AB PROVIDERS AND LICENSI	Attach button after you select a file.)	
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# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

## PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

1221 POWELL STREET

### NORRISTOWN

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: E8RT8701

Exceptions: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1 LETTER ON FILE IN FACILITY.

Issued On: 06/23/2017

Effective From: 06/30/2017

Nancy J. heacanage

Nancy J. Lescavage Jeput; Secretary for Quality Assurance



Expiration Date: 06/30/2018

Rachel L. Levine, MD Secretary of Health

> pennsylvania DEPARTMENT OF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.



### License Application Form

### PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

1221 POWELL STREET NORRISTOWN, PA 19401

Facility ID: E8RT8701 License #: E8RT8701 Medicare No: 8-4613 County Montgomery Type of Renewal Application Application (Closed) Phone Number (484)688-0097 Type of Fax Number Ownership Email Address Type of Name of Immediate Owner Operation Accreditation Information Unknown Please attach a copy of the Accrediting Organization's accreditation letter. Browse... Attach Current License Number E8RT8701 Expiration Date of Current License 6/30/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms Medical Abortion Procedures Type of Surgery: **ABF Fields** Anesthesia Physical N/A CLASS 1 Type Status Administrator/CEO/Director 708(b)(1)(ii) Name Effective 12/4/2013 \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? Yes ✓ No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, when? If yes, when? when? Yes Yes Yes (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

✓No	☑ No	✓ No	
click <b>Attach</b> button after you  N/A - Planned Parenthood South operates health centers in Cheste	select a file.) eastern Pennsylvania (PPSP) is an er, Delaware, Montgomery, and Phi	% or more (Type in or attach a document. Make sindependent not-for-profit corporation [501(c)(3)] that adelphia counties. The organization is governed by ned Parenthood Federation of America, Inc.	sure to
Attach	Browse		-
to click <b>Attach</b> button after ye	ou select a file.)	rdmembers. (Type in or attach a document. Mak	ce sure
(List of PPSP Board Members.20 Remove Attachment	16-17.pdf) View Attachment		
more in the institution,organ	nizations, or agency that have	or indirect ownership or control interest of 5 percenter been convicted of a criminal offense related programs established by Titles XVIII, XIX, or XX?	cent or to the
accounting, auditing, or simil	currently employed by the ar capacity who were employe the previous 12 months? (Title	institution, agency, or organization in a mana ed by the institution's organization's, or agency's XVIII providers only)	igerial, s fiscal
address of parent corporation	involved with a pyramid or pa on or pyramid corporate stru <b>Attach</b> button after you select	rent corporate structure? If applicable, list named actures. Explain as necessary. (Type in or atta a file.)	ne and tach a
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* Does owner(s) or corporate  ✓ Yes  No	members have financial interes	st in other health care facilities?	
If yes, list name and addres financial interest. (Type in or a	s of all other health care facil attach a document. Make sure f	lities in which the owner or corporate members to click <b>Attach</b> button after you select a file.)	s have

		-1
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Attach		
* The comp 12-month p	pleted form is a public record if it is filed by a facility that received State-appropriated funds dur period preceding a request to inspect or copy it.	ing th
Has the faci	cility received such funds?	
O Yes	No     No	
f the facility	ty is not yet operating, will it receive State-appropriated funds when it begins operation?	
O Yes	● No	
Is this form?	orm being filed to revise information provided in a previously submitted Abortion Facility Regis	stratio
O Yes	● No	
	nes and license numbers of physicians performing abortions in above facility (Type in or at	tach
	Make sure to click <b>Attach</b> button after you select a file.)	
	Make sure to click <b>Attach</b> button after you select a file.)	_



# Certificate of Licensure

REPROCHOICE, LLC D/B/A ALLEGHENY REPRODUCTIVE HEALTH CENTER 5910 KIRKWOOD STREET PITTSBURGH The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

03/05/2018 LICENSURE NUMBER: 00018701 ISSUED ON:

03/31/2018 EFFECTIVE FROM:

EXPIRES ON: 03/31/2019

The maximum number of procedure rooms shall not exceed 3 rooms.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 569.2 (a), 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY. This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy J. hescawage





NOTE: This license must be posted in a conspicuous place on the pemises.



### **License Application Form**

### ALLEGHENY REPRODUCTIVE HEALTH CENTER

5910 KIRKWOOD STREET PITTSBURGH, PA 15206

Facility ID: 00018701 License #: 00018701 Medicare No: 8-0202 County Allegheny Type of Renewal Application Application (Closed) Phone Number (412)661-8811 Type of Fax Number (412)363-6901 Ownership 08(b)(6) Email Address Type of Name of Immediate Owner Operation Accreditation Information Unknown Please attach a copy of the Accrediting Organization's accreditation letter. Browse... Attach Current License Number 00018701 Expiration Date of Current License 3/31/2018 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms 3 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures ABF Fields Anesthesia Physical MAC CLASS 2 Type Status Administrator/CEO/Director 1)(ii) Name Effective 12/31/9999 708(b)(1)(ii \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? Yes ₩ No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, when? If yes, when? when? ✓ Yes 07/13/2017 Yes Yes (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

No	☑ No	<b>▼</b> No
List name and addres click <b>Attach</b> button a	s of all persons having ownership of 5% fter you select a file.)	or more (Type in or attach a document. Make sure to
ReproChoice, LLC 5910 Kirkwood Street Pittsburgh, PA 15206		٨
	Browse	
Attach		
to click Attach buttor	after you select a file.)	dmembers. (Type in or attach a document. Make sure
08(b)(1)(ii) and	(6)	_
Park Large	Browse	_
Attach		
involvement of such p  Yes  No  * Are there any ind accounting, auditing, intermediary or carrie  Yes	ersons, or organizations in any of the pr	been convicted of a criminal offense related to the ograms established by Titles XVIII, XIX, or XX?  stitution, agency, or organization in a managerial, by the institution's organization's, or agency's fiscal (VIII providers only)
☑ No		
address of parent conditions of the conditions o	nership involved with a pyramid or par orporation or pyramid corporate struc to click <b>Attach</b> button after you select a	ent corporate structure? If applicable, list name and tures. Explain as necessary. (Type in or attach a file.)
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		_
Attach	Browse	
	rporate members have financial interest	in other health care facilities?
☑ Yes ☑ No		

	terest. (Type in or attach a document, make sure to	click <b>Attach</b> button after you select a file.)
Attach	Browse	
	pleted form is a public record if it is filed by a facil period preceding a request to inspect or copy it.	ty that received State-appropriated funds during the
las the fac	cility received such funds?	
O Yes	<b>●</b> No	
the facilit	ty is not yet operating, will it receive State-appropri	ated funds when it begins operation?
O Yes	<b>●</b> No	
Is this for	rm being filed to revise information provided in a pre	eviously submitted Abortion Facility License Form?
O Yes	<b>●</b> No	
	nes and license numbers of physicians performin Make sure to click <b>Attach</b> button after you select a	g abortions in above facility (Type in or attach a
708(	b)(1)(ii)	_
	inner as all	<u> </u>
Attach	Browse	
Auduli		

### Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



# Certificate of Licensure

31 SOUTH COMMERCE WAY, SUITE 100 ALLENTOWN WOMENS' CENTER, INC. BETHLEHEM The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00038701

ISSUED ON: 11/14/2017

11/30/2017 EFFECTIVE FROM:

EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 555.31 (a), 559.3 (b), 571.1, 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY. SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

ANESTHESIA TYPES: Mac

Nancy J. heacanage





NOTE: This license must be posted in a conspicuous place on the pemises.



### License Application Form

### ALLENTOWN WOMENS' CENTER, INC.

31 SOUTH COMMERCE WAY, SUITE 100 BETHLEHEM, PA 18017 Facility ID: 00038701 License #: 00038701 Medicare No: 8-3903 County Northampton Type of Renewal Application Application (Closed) Phone Number (484)821-0821 Type of Fax Number (484)821-0826 Ownership 708(b)(6) Email Address Type of Name of Immediate Owner Operation Accreditation Information Unknown Please attach a copy of the Accrediting Organization's accreditation letter. Browse... Attach Current License Number 00038701 Expiration Date of Current License 11/30/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms 2 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures **ABF Fields** Anesthesia Physical MAC CLASS 2 Type Status Administrator/CEO/Director 708(b)( Name Effective 11/8/2017 708(b)(1)(ii) \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? Yes ✓ No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, If yes, when? when? when? Yes

Yes

(mm/dd/yyyy)

(mm/dd/yyyy)

☐ Yes

(mm/dd/yyyy)

✓No	☑ No	<b>☑</b> No
List name and address of all click <b>Attach</b> button after you	persons having ownership of 5%	or more (Type in or attach a document. Make sure to
708(b)(1)(ii) and	(6)	_
Attach	Browse	
to click <b>Attach</b> button after y	ou select a file.)	members. (Type in or attach a document. Make sure
(BOD Member List for DOH 2011	De Transporter de la constante	<u> </u>
Remove Attachment	View Attachment	
more in the institution,orga	nizations, or agency that have b	indirect ownership or control interest of 5 percent or leen convicted of a criminal offense related to the grams established by Titles XVIII, XIX, or XX?
accounting, auditing, or simi	currently employed by the ins lar capacity who were employed the previous 12 months? (Title X	titution, agency, or organization in a managerial, by the institution's organization's, or agency's fiscal /III providers only)
address of parent corporati	involved with a pyramid or pare on or pyramid corporate struct Attach button after you select a	nt corporate structure? If applicable, list name and ures. Explain as necessary. (Type in or attach a file.)
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Attach	Blowse	
Yes	members have financial interest i	n other health care facilities?
☑ No		
If yes, list name and addres financial interest. (Type in or	s of all other health care facilitie attach a document. Make sure to	es in which the owner or corporate members have click <b>Attach</b> button after you select a file.)

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* The comp 12-month pe	leted form is a public eriod preceding a req	record if it is filed by a luest to inspect or copy it.	facility that received State	a-appropriated funds during the
Has the facil	lity received such fun	ds?		
O Yes	● No			
If the facility	is not yet operating	, will it receive State-appr	opriated funds when it beg	jins operation?
O Yes	<b>⊚</b> No		** ×	
* Is this for	m being filed to revise	information provided in	a previously submitted Ab	ortion Facility License Form?
1720000		, information provided in a	a previously submitted Abt	ordon racincy license rooms
O Yes	● No			
List name	es and license numb	pers of physicians perfor	rming abortions in above	facility (Type in or attach a
08(k	5)(1)(ii)	ach button after you selec	ct a file.)	_
00(1	// · //''/			

### Payment:

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

## BERGER & BENJAMIN LLP

### 1335 TABOR ROAD SUITE 202 PHILADELPHIA

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00078701

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 569.2 (a), 571.1, 571.1, 571.12 (a)(b)(c), 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 12/05/2017

Effective From: 12/31/2017

Nancy J. hescarage

vancy J. Lescavage epuly Secretary for Quality Assurance



Expiration Date: 12/31/2018

Rachel L. Levine, MD Secretary of Health

pennsylvania DEPARTMENTOF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.



### License Application Form

BERGER & BENJAMIN LLP
1335 TABOR ROAD SUITE 202
PHILADELPHIA, PA 19141
Facility ID: 00078701 License #: 00078701 Medicare No: 9-5137

County						
21 <sup>20</sup> 00 10	Philadelphi		Туре	e of lication	Renewal App (Closed)	lication
Phone Number	(215)424-0		Туре		(Closed)	
Fax Number	(215)424-8	2000 W		ership		
Email Address	708(b)(6		Туре			
Name of Immediate Owner	er		Ope	ration		NT.
Accreditation Information			10-AAAA			
* Class A facilities are n please attach your deeme	equired to ated to ated educated to ate	tach their accredit ou are accredited or	ation/deemed let nly, please attach	ter. If y your acc	ou are accred creditation lette	ited and deem
(aaaasf.pdf)			1			
Remove Attachment	View	Attachment				
Current License Number	00078701		Expiration Date	of Curre	nt License 12/	31/2017
ABF Beds		-				
Operating Rooms		Procedure Rooms	2	Treat	ment Rooms	1
Type of Surgery:	Medical Abo	ortion Procedures, S	 Surgical Abortion	Procedur	res	
ABF Fields						
Anesthesia Type	CAL		Physical Status	CLA	SS 2	
dministrator/CEO/Director						
700/11//11/	)				Effective	3/21/2011
708(b)(1)(ii		8(h)(1)(	H)		Effective	3/21/2011
	70	8(b)(1)(	f)		Effective	3/21/2011
Name 708(b)(1)(ii  Medical Director Name	70	8(b)(1)(i	ii) <u> </u>		Effective	3/21/2011
Name 708(b)(1)(ii  Medical Director Name  Director of Nursing Name  Are there any directors have ever been convicted (VIII, XIX, or XX?  Yes	70	ents, or managing	employees of the	instituti t in such	on, agency or	organization w
Name 708(b)(1)(ii  Medical Director Name  Director of Nursing Name  Are there any directors have ever been convicted (VIII, XIX, or XX?  Yes  No	, officers, age of a criminal	ents, or managing offense related to	employees of the their involvemen	instituti t in such	on, agency or	organization w
Name 708(b)(1)(ii  Medical Director Name  Director of Nursing Name  Are there any directors have ever been convicted (VIII, XIX, or XX?  Yes	, officers, age of a criminal	ents, or managing	employees of the their involvemen	t in such	on, agency or n programs est you anticipate t kruptcy within	organization w ablished by Tit

☑ No	(mm/dd/yyyy)	☑No	(mm/dd/yyyy)	<b>☑</b> No	(mm/dd/yyyy)
List name and address of click <b>Attach</b> button after	all persons ha	ving ownership of 5% or	more (Type in	or attach a docum	ent. Make sure to
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		_			<u> -</u>
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If appropriate, list the nato click <b>Attach</b> button after	me and addres	ss of trustees or boardmo	embers. (Type	in or attach a docu	ment. Make sure
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* Are there any individual more in the institution, o involvement of such personal Yes  No	rganizations, o	or agency that have bee	en convicted o	f a criminal offens	e related to the
* Are there any individual accounting, auditing, or sintermediary or carrier with Yes	imilar capacity	who were employed by	the institution	n's organization's, o	n a managerial, or agency's fiscal
* Is the facility's owners address of parent corpo document. Make sure to carry Yes	ration or pyra	amid corporate structure	es. Explain as	ucture? If applicabl necessary. (Type	e, list name and in or attach a
					_
Attach		Browse			<b>→</b>
* Does owner(s) or corpor  Yes  No	rate members	have financial interest in	other health ca	re facilities?	

	n after you select a file.)
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The completed form is a public record if it is filed by a facility that received Start control of the complete start in the complete	tate-appropriated funds during th
las the facility received such funds?	
○Yes	
f the facility is not yet operating, will it receive State-appropriated funds when it	begins operation?
○ Yes	
To this form being filed to review information and information	
Is this form being filed to revise information provided in a previously submitted	Abortion Facility License Form?
○ Yes ● No	
List names and license numbers of physicians performing abortions in ab ocument. Make sure to click <b>Attach</b> button after you select a file.)	ove facility (Type in or attach
708(b)(1)(ii)	_
	3
Browse	<u> </u>
Attach	

\*Please, select payment method:

☑ By credit/debit card

☐ By check/money order



# Certificate of Licensure

PHILADELPHIA WOMEN'S CENTER, INC. 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00178701

ISSUED ON: 03/27/2018

EFFECTIVE FROM: 03/31/2018

EXPIRES ON: 03/31/2019

The maximum number of procedure rooms shall not exceed 3 rooms.

The manufacture of December 1 and 1

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 555.24 (b), 555.31 (a), 559.3 (b), 569.2 (a), 571.1, 571.1, 571.2 (d) LETTER ON FILE IN This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Hancy J. healandof Noncy J. Leccarage Deput, Secretary for Quality Assurance

Rawhel L. Levine, MD Secretary of Health



NOTE: This license must be posted in a conspicuous place on the pemises.

Application Form Page 1 of 3



### Pennsylvania Department of Health

### **License Application Form**

### PHILADELPHIA WOMEN'S CENTER, INC. 777 APPLETREE STREET, 7TH FLOOR

PHILADELPHIA, PA 19106

County	Philadelphi	a	Type of	Renewal Appl	ication
Phone Number	(215)574-3		Applica		Cation
Fax Number	(213)374.	1390	Type of		
Email Address	708(b)(	6)	Owners	**	
Name of Immediat	· / \		Type of Operati		
Accreditation Infor	mation		Unknown		
Please attach a cop	py of the Accrediting	Organization's accr	reditation letter.		
Attach		Browse			
Current License N	umber 00178701		Expiration Date of	Current License 3/3	1/2018
ABF Beds					
Operating Rooms		Procedure Rooms	2	Treatment Rooms	212.0
Type of Surgery:	Medical Abo	ortion Procedures, S	Surgical Abortion Pro	cedures	
ABF Fields					
Anesthesia Type	MAC		Physical Status	CLASS 2	
dministrator/CEO/Di				Fffe ative	0/20/2016
Name 708(t	X / X /	\(\begin{array}{c} \lambda \la	•	Effective	9/28/2016
* Medical Director	Name / U	3(b)(1)(ii)			
* Director of Nursi					
* Are there any d have ever been co XVIII, XIX, or XX? Yes No	irectors, officers, agonvicted of a crimina	ents, or managing I offense related to	employees of the in their involvement in	stitution, agency or n such programs est	organization v tablished by Tit
las there been a c	change in ownership	Do you anticipate		Do you anticipate bankruptcy within	
or control within th	ne last year? If yes,	If yes, when?	rol within the year?	when?	the year? If ye
or control within the	ne last year? If yes,		04/15/2018		the year? If ye

ou select a file.) is a Pennsylvania C Corporation and a edoco Corp ue East, Suite B Cherry Hill. NJ 08034	% or more (Type in or attach a document. Main a 100% owned subsidiary of Humedco Corp.	ke sure to
is a Pennsylvania C Corporation and a edco Corp ue East, Suite B Cherry Hill. NJ 08034	11 of the transport of	_
are the three in	dividuals that own Humedco Corp.	
		_
Browse		
ne and address of trustees or boo	irdmembers. (Type in or attach a document. I	Make sur
2000000		_
		*
Browse		
imilar capacity who were employe	ed by the institution's organization's, or agen	
ration or pyramid corporate stri	actures. Explain as necessary. (Type in or	name and attach a
corporation of Philadelphia Women's C men's Center, and Hartford GYN Cente	enter, Atlanta Women's Center, Cherry Hill Women's pr. 708(b)(1)(ii)	
		<b>*</b>
Browse		
ate members have financial intere	st in other health care facilities?	
ate manual marchinantal mere	or in our of region care recinities:	
	Browse	Browse  Browse

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click <b>Attach</b> button after you select a file.)
Name: Cherry Hill Women's Center Address: 502 Kings Highway North Cherry Hill, NJ 08034
Name: Delaware County Women's Center Address: 1 Medical Center Blvd CCMC Annex- 4th Floor
Attach Browse
* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.
Has the facility received such funds?
○ Yes ● No
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?
○ Yes
* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?
◎ Yes ● No
* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click <b>Attach</b> button after you select a file.)
708(b)(1)(ii)
Browse
Attach

Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

☐ By check/money order



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - ALLENTOWN

## 29 NORTH 9TH STREET

### ALLENTOWN

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00218701

EXCEPTIONS: 29.33(13), 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 555.33 (d)(6)(i-iv), 555.33 (d)(6)(i-iv), 559.3 (d)(6)(i (b), 559.3 (b), 571.1, 571.1, 571.1, 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/27/2017

Effective From: 07/31/2017

Nancy J. hescarage

Expiration Date: 07/31/2018

Rackel L. Levine, ML Secretary of Health

> pennsylvania DEPARTMENT OF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.



### **License Application Form**

### PLANNED PARENTHOOD KEYSTONE - ALLENTOWN 29 NORTH 9TH STREET

County		NAME OF TAXABLE PARTY.			
	Lehigh		Type of Applicat		ication
Phone Number	(844)602-		Type of		
Fax Number	(610)481-0		Ownersl		
	708(b)(6)		Type of		
Name of Immediate Owner			Operation	on	
Accreditation Information	_		10-AAAA		
* Class A facilities are rec please attach your deemed	quired to at letter. If yo	tach their accredi ou are accredited o	tation/deemed letter. nly, please attach you	If you are accreding accreditation letter	ted and deemed r.
(Allentown Quad A 2017 Se	elf Survey Ce	ertificatepdf)			
Remove Attachment	View	Attachment			
Current License Number 0	0218701		Expiration Date of 0	Current License 7/3	1/2017
ABF Beds					
Operating Rooms	_	Procedure Rooms	-	Treatment Rooms	
		Troccadre Rooms	2	Treatment Rooms	
Type of Surgery:	Medical Abo	ortion Procedures,	Surgical Abortion Prod	cedures	
ABF Fields		_	Dhysical		
n nocthodia	CAL		Physical Status	CLASS 1	
Type LOC					
Type dministrator/CEO/Director			Julia		
Type dministrator/CEO/Director	700/		514145	Effective	6/25/2016
Type deministrator/CEO/Director	708(	b)(1)(ii)		Effective	6/25/2016
Type dministrator/CEO/Director Name 708(b)(1)(ii)		b)(1)(ii)		Effective	6/25/2016
Type  dministrator/CEO/Director Name  708(b)(1)(ii)  Medical Director Name  Director of Nursing Name				-	
Type  dministrator/CEO/Director Name  708(b)(1)(ii)  Medical Director Name  Director of Nursing Name  Are there any directors, have ever been convicted of  XVIII, XIX, or XX?	officers, age	ents, or managing	employees of the ins	stitution, agency or	organization wh
Type  dministrator/CEO/Director Name  708(b)(1)(ii)  Medical Director Name  Director of Nursing Name  Are there any directors, nave ever been convicted of	officers, age	ents, or managing	employees of the ins	stitution, agency or	organization wh
dministrator/CEO/Director Name 708(b)(1)(ii)  Medical Director Name Director of Nursing Name Are there any directors, have ever been convicted of VIII, XIX, or XX? Yes No  Mas there been a change in	officers, age of a criminal	ents, or managing I offense related to Do you anticipate	employees of the inso their involvement in	stitution, agency or such programs est Do you anticipate	organization whablished by Title
dministrator/CEO/Director Tame 708(b)(1)(ii)  Medical Director Name Director of Nursing Name Are there any directors, have ever been convicted of VIII, XIX, or XX? Yes No	officers, age of a criminal	ents, or managing I offense related to Do you anticipate	employees of the inso their involvement in	stitution, agency or such programs est	organization whablished by Title

₽No	(mm/dd/yyyy)	(mm/dd/yyyy) No	(mm/dd/yyyy)
click Attach button after	you select a file.)	of 5% or more (Type in or attach a doc	
Planned Parenthood Keysto The organization is governe Parenthood Federation of A	d by a Board of Directors. Planne	ent of State as an independent not for profit (50 d Parenthood Keystone is a fully accredited affi	o1c3) corporation.
Planned Parenthood Federa 123 William Street, 10th Flo			-1
New York, NY 10038	Browse		<u> </u>
Attach		was and and a	
to click Attach button af	ter you select a file.)	or boardmembers. (Type in or attach a d	ocument. Make sure
(PPKey Board List and Con	tact Info 2017-2018.pd.pdf)		
Remove Attachment	View Attachment		
more in the institution,	organizations, or agency that	direct or indirect ownership or control into have been convicted of a criminal off the programs established by Titles XVIII	ense related to the
accounting, auditing, or		the institution, agency, or organization nployed by the institution's organization' (Title XVIII providers only)	
address of parent corp		or parent corporate structure? If applice structures. Explain as necessary. (Treselect a file.)	
	one is a fully accredited affiliate of I	PPFA.Inc.	_
Planned Parenthood Federa 123 William Street, 1 Floor New York, NY 10038			=
	perated by Planned Parenthood Ke	eystone:	<b>*</b>
Attach	Browse		
* Does owner(s) or corpo  Yes  No	orate members have financial	interest in other health care facilities?	
		re facilities in which the owner or corpo sure to click <b>Attach</b> button after you sel	

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown 20 North 9th Street Allentown, PA 18101
DOH License number 00218701
Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading 48 S. 4th Street
Browse
Attach
* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.
Has the facility received such funds?
○ Yes
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?
○ Yes
* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?
○ Yes ● No
* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click <b>Attach</b> button after you select a file.)
(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)
Remove Attachment View Attachment
Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

By credit/debit card

☑ By check/money order



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - READING

### 48 SOUTH FOURTH STREET READING

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00228701

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 559.1 Nursing Department, 559.3 (b), 571.1 LETTER ON FILE IN FACILITY

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/26/2017

Effective From: 07/31/2017

Nancy J. hescanza

uty Secretary for Quality Assurance

ON THE PROPERTY OF THE PROPERT

Expiration Date: 07/31/2018

Rachel L. Levine, MD Secretary of Health

NOTE: This registration must be posted in a conspicuous place on the pemises.

pennsylvania DEPARTMENT OF HEALTH



### **License Application Form**

### PLANNED PARENTHOOD KEYSTONE - READING 48 SOUTH FOURTH STREET READING, PA 19602

County						
	Berks		2 3,000	Type of	Renewal Applic	cation
Phone Number	(844)602-104	5		Application	(Closed)	
Fax Number	(610)481-048	6		Type of Ownership	í	
Email Address	708(b)(6)			Type of		
Name of Immediate Owner	er			Operation		
Accreditation Information			10-AAAA			-
* Class A facilities are re please attach your deeme	equired to attached letter. If you a	h their re acci	accreditation/deer redited only, please	ned letter. If attach your a	you are accredit accreditation letter	ed and deemed
(Reading Quad A 2017 Se	elf-Survey Certific	ate.pd	.pdf)			
Remove Attachment	View Atta	chmer	nt			
Current License Number	00228701		Expiratio	n Date of Cu	rrent License 7/31	./2017
ABF Beds						
Operating Rooms	Pro	cedure	e Rooms	Z Tre	eatment Rooms	
Type of Surgery:	Medical Abortic	on Prod	cedures, Surgical Ab	ortion Proced	dures	
ABF Fields						
A	DCAL		Physica Statu		LASS 1	
Anesthesia Type				5		
Туре				>		
Type  Administrator/CEO/Director	(ii)		77	5	Effective	6/25/2016
Type  Administrator/CEO/Director  Name 708(b)(1)	(ii)	)(1)	<b>(ii)</b>	5	Effective	6/25/2016
Type  Administrator/CEO/Director	(ii) 708(b	)(1)	(ii)		Effective	6/25/2016
Type  Administrator/CEO/Director  Name  708(b)(1)  * Medical Director Name  * Director of Nursing Name	(ii) 708(b		MA - 3 00 40 00			
Type  Administrator/CEO/Director  Name  708(b)(1)  * Medical Director Name  * Director of Nursing Nam  * Are there any directors have ever been convicted XVIII, XIX, or XX?  Yes	(ii) 708(b	s, or n	nanaging employees	s of the insti	tution, agency or	organization who
Type  Administrator/CEO/Director  Name  708(b)(1)  * Medical Director Name  * Director of Nursing Nam  * Are there any directors have ever been convicted XVIII, XIX, or XX?	(ii) 708(b	s, or n	nanaging employees	s of the insti	tution, agency or	organization who
Type  Administrator/CEO/Director Name  708(b)(1)  * Medical Director Name  * Director of Nursing Nam  * Are there any directors have ever been convicted XVIII, XIX, or XX?  Yes	708(b) ne 708(b) ne s, officers, agents d of a criminal of in ownership per year? If yes, ov	s, or n fense	nanaging employees related to their invo	s of the instillurement in s	tution, agency or	organization who ablished by Title:

☑No	(mm/dd/yyyy)	<b>☑</b> No	(mm/dd/yyyy)	(mm/dd/yyyy)
	dress of all persons ha on after you select a fi		o of 5% or more (Type in or attach a doc	ument. Make sure to
Ownership 5% Planned Parenthoo corporation. The or of Planned Parenth	od Keystone is registered ganization is governed by ood Federation of Americ d Federation of America	with the Departman	nent of State as an independent not for profit (5 tors. Planned Parenthood Keystone is a fully a	
Attach		Browse.		
to click Attach be	utton after you select a	a file.)	or boardmembers. (Type in or attach a d	ocument. Make sure
Remove Atta	and Contact Info 2017-20 chment View	Attachment		
more in the inst	itution,organizations,	or agency tha	direct or indirect ownership or control into t have been convicted of a criminal off of the programs established by Titles XVIII	ense related to the
accounting, audit	ing, or similar capacit	y who were er	the institution, agency, or organization ployed by the institution's organization's (Title XVIII providers only)	
address of pare		amid corporat	or parent corporate structure? If applice structures. Explain as necessary. (Telect a file.)	
	d Keystone is a fully accr	edited affiliate of	PPFA,Inc.	_
Planned Parenthoo 123 William Street, New York, NY 1003				
	ers are operated by Plann	ed Parenthood K	The same of the sa	•
Attach			·	
* Does owner(s)  ☐ Yes ☑ No	or corporate members	have financial	interest in other health care facilities?	
			re facilities in which the owner or corpo e sure to click <b>Attach</b> button after you sel	

Planned Parenthood Keystone of 20 North 9th Street Allentown, PA 18101 DOH License number 00218701	iba Planned Parenthood Keystone-Allentown
Planned Parenthood Keystone d	Iba Planned Parenthood Keystone-Reading
48 S. 4th Street	Browse
Attach	
	ublic record if it is filed by a facility that received State-appropriated funds during the request to inspect or copy it.
Has the facility received such	ı funds?
○ Yes	
If the facility is not yet opera	ting, will it receive State-appropriated funds when it begins operation?
○ Yes	
* Is this form being filed to re	evise information provided in a previously submitted Abortion Facility License Form?
○ Yes ● No	
* List names and license r	numbers of physicians performing abortions in above facility (Type in or attach as <b>Attach</b> button after you select a file.)
(AB PROVIDERS AND LICENSE	
Remove Attachment	View Attachment

**Payment** 

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

By credit/debit card

☑ By check/money order



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - WARMINSTER

## 610 LOUIS DRIVE SUITE 303

### WARMINSTER

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00188701

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 559.1 Nursing Department, 559.3 (b), 571.1, 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/27/2017

Effective From: 07/31/2017

Nancy & healawage

Rachal L. Levins, MD Secretary of Health

Expiration Date: 07/31/2018

pennsylvania DEPARTMENT OF HEALTH NOTE: This registration must be posted in a conspicuous place on the pemises.



### **License Application Form**

### PLANNED PARENTHOOD KEYSTONE - WARMINSTER 610 LOUIS DRIVE SUITE 303 WARMINSTER, PA 18974

Country						
County	Bucks			Type of	Renewal Appl	ication
Phone Number	(215)957-	7980		Application	(Closed)	
Fax Number	(610)481-	0486		Type of Ownership		
Email Address	708(k	(6)		Type of		
Name of Immediate Ov	vner	/( - /		Operation		
Accreditation Informati	on		10-AAAA		and and	
* Class A facilities are please attach your deer	required to a med letter. If yo	ttach their ou are accre	accreditation/deemodited only, please a	ed letter. If y ttach your ac	ou are accredicreditation lette	ted and deeme r.
(Warminster Quad A Se	elf-Survey Certif	icate.pdf)				
Remove Attachme		Attachment				
Current License Numb	er 00188701		Expiration	Date of Curre	ent License 7/3	1/2017
ABF Beds						
Operating Rooms		Procedure	Rooms 2	Treat	tment Rooms	
Type of Surgery:	Medical Ab	ortion Proce	dures, Surgical Abo	tion Procedu	res	
ABF Fields						
Anesthesia Type	LOCAL		Physical Status	CLA	SS 1	
	r	Terrestativas au				
The same of the sa						
700/b\/4\/	ii) ·		•••		Effective	6/25/2016
708(b)(1)(	ii) ·	b)(1)(	ii)		Effective	6/25/2016
Name 708(b)(1)( * Medical Director Nam	ii) <sub>e</sub> 708(	b)(1)(	ii)		Effective	6/25/2016
Name 708(b)(1)( * Medical Director Nam	ii) <sub>e</sub> 708(	b)(1)(	ii)		Effective	6/25/2016
Name 708(b)(1)( * Medical Director Name * Director of Nursing Name * Are there any director nave ever been convict (VIII, XIX, or XX?  Yes	708( ame	ents, or ma	naging employees	of the institut ement in suc	ion, agency or	organization wh
* Are there any director avec ever been convict XVIII, XIX, or XX?	708( ame	ents, or ma	naging employees	of the institut ement in suc	ion, agency or	organization wh
Name 708(b)(1)( * Medical Director Name * Director of Nursing Name * Are there any director nave ever been convict (VIII, XIX, or XX?  Yes	708( ame  ors, officers, aged of a crimina	ents, or ma I offense re Do you an	naging employees of lated to their involved ticipate any change or control within the	ement in suc	ion, agency or h programs est you anticipate f kruptcy within	organization whablished by Title

<b>☑</b> No	(mm/dd/yyyy) ☑ No	(mm/dd/yyyy)	✓No	(mm/dd/yyyy)
List name and address of click <b>Attach</b> button after	all persons having ownersh	ip of 5% or more (Type in	or attach a docum	ent. Make sure to
Planned Parenthood Keysto	one is registered with the Depart is governed by a Board of Dire	tment of State as an independ octors. Planned Parenthood K	ent not for profit (501) eystone is a fully accor	c3) edited affiliate
Planned Parenthood Federat 123 William Street, 10th Floo New York, NY 10038				-1
Attach	Browse			_
to click Attach button aft		or boardmembers. (Type	in or attach a docu	ument. Make sure
(PPKey Board List and Conta Remove Attachment	View Attachment			=
more in the institution,o	s or organizations having a rganizations, or agency the ons, or organizations in any	at have been convicted o	of a criminal offens	se related to the
accounting, auditing, or s	uals currently employed b imilar capacity who were e thin the previous 12 months	mployed by the institution	n's organization's,	in a managerial, or agency's fiscal
address of parent corpo	nip involved with a pyrami ration or pyramid corpora lick <b>Attach</b> button after you	te structures. Explain as	ucture? If applicab s necessary. (Type	le, list name and e in or attach a
	ne is a fully accredited affiliate of	f PPFA,Inc.		_
Planned Parenthood Federat 123 William Street, 1 Floor New York, NY 10038	ion of America			_
	erated by Planned Parenthood R	1		<b>~</b> I
* Does owner(s) or corpor	rate members have financia	l interest in other health ca	are facilities?	
✓ Yes ☐ No				
If yes, list name and add financial interest. (Type in	dress of all other health ca or attach a document. Mak	ere facilities in which the e sure to click <b>Attach</b> butt	owner or corporat ton after you select	e members have a file.)

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown 20 North 9th Street Allentown, PA 18101
DOH License number 00218701
Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading 48 S. 4th Street
Browse
Attach
* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.
Has the facility received such funds?
○Yes
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?
○ Yes    No
* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?  O Yes  No
* List names and license numbers of physicians performing abortions in above facility (Type in or attach document. Make sure to click <b>Attach</b> button after you select a file.)
(AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)
Remove Attachment View Attachment

### Payment:

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

By credit/debit card

☑ By check/money order



## Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - YORK

## 728 SOUTH BEAVER STREET

## YORK

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00198701

EXCEPTIONS: 29.33(13), 29.33(13), 29.33(6), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 559.2 (1), 559.3 (b), 559.3 (b), 571.1, 571.1, 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE:Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/25/2017

Effective From: 07/31/2017

Nancy J. heacawage

Nancy J. Lescavage eputy Secretary for Quality Assurance

Con Contraction

Expiration Date: 07/31/2018

Rachel L. Levine, MD Secretary of Health

DEPARTMENT OF HEALTH

pennsylvania

NOTE: This registration must be posted in a conspicuous place on the pemises.

Application Form Page 1 of 3



## Pennsylvania Department of Health

## **License Application Form**

## PLANNED PARENTHOOD KEYSTONE - YORK 728 SOUTH BEAVER STREET

	acility ID: 00198701	YORK, PA 17401 License #: 00198701	Medicare No:	8-6704	
County Y	ork ork		Type of	Renewal Appli	cation
Phone Number (7	844)584-5199		Application	(Closed)	
Fax Number (	610)481-0486		Type of Ownership		
Email Address 70	8(b)(6)		Type of		
Name of Immediate Owner	THE RESIDENCE OF THE RESIDENCE OF THE		Operation		
Accreditation Information		10-AAAA			
* Class A facilities are requi please attach your deemed le					
(YORK Quad A 2017 Self-Sur	vey Certificate.pdf)				
Remove Attachment	View Attachme	nt			
Current License Number 001	198701	Expiration	Date of Curre	ent License 7/3	1/2017
ABF Beds					
Operating Rooms	Procedur	e Rooms 2	Treat	ment Rooms	
	0.0000000000000000000000000000000000000	1 -	!		
Type of Surgery: M	edical Abortion Pro	cedures, Surgical Abo	rtion Procedur	res	
ABF Fields					
Anesthesia LOCA	L	Physical Status	CLA	SS 1	
dministrator/CEO/Director	CONTRACTOR (STATES	manu.			
Name 708(b)(1)(ii)				Effective	6/25/2016
	708(b)(1)	/ii)			
Medical Director Name	708(b)(1)	(11)			
Director of Nursing Name					
t Aug thoug and discrete	financia na contra		af black to the		anna des Mari
Are there any directors, of ave ever been convicted of VIII, XIX, or XX?					
☑ No					
las there been a change in o		anticipate any change		you anticipate f	
las there been a change in our control within the last year when?		ip or control within th		kruptcy within	

✓No (m	m/dd/yyyy)	(mm/dd/yyyy)	☑No	(mm/dd/yyyy)
click <b>Attach</b> button after you Planned Parenthood Keystone	is registered with the Department o governed by a Board of Directors. I on of America, Inc.	f State as an independ	lent not for profit (501c3)	<u> </u>
Attach	Browse			
If appropriate, list the name to click <b>Attach</b> button after (PPKey Board List and Contact		ardmembers. (Type	in or attach a docume	ent. Make sure
Remove Attachment	View Attachment			
more in the institution,orga	or organizations having a direct anizations, or agency that hav , or organizations in any of the	e been convicted o	of a criminal offense	related to the
accounting, auditing, or sim	s currently employed by the ilar capacity who were employ n the previous 12 months? (Title	ed by the institutio	n's organization's, or	
address of parent corporat	involved with a pyramid or p ion or pyramid corporate str k <b>Attach</b> button after you selec	uctures. Explain a		
	is a fully accredited affiliate of PPFA	,Inc.		_
Planned Parenthood Federation 123 William Street, 1 Floor New York, NY 10038	of America			
The following centers are operated Attach	Browse	е:		<u>-</u>
* Does owner(s) or corporate  ✓ Yes  No	e members have financial intere	≊t in other health c	are facilities?	
If yes, list name and addre financial interest. (Type in or	ess of all other health care fac r attach a document. Make sure	ilities in which the to click <b>Attach</b> but	owner or corporate r ton after you select a f	nembers have file.)

20 North 9th Street Allentown, PA 18101 DOH License number 0021870	
	dba Planned Parenthood Keystone-Reading
48 S. 4th Street	and Flatmed Fale tillood Reystone-Neading
	Browse
Attach	
	The state of the s
* The completed form is a L2-month period preceding	public record if it is filed by a facility that received State-appropriated funds during to request to inspect or copy it.
las the facility received suc	n funds?
	n funds?
las the facility received suc	1 funds?
○ Yes	n funds?  ating, will it receive State-appropriated funds when it begins operation?
Yes No	
○ Yes	
Yes  No  f the facility is not yet oper  Yes  No	ating, will it receive State-appropriated funds when it begins operation?
Yes No  f the facility is not yet oper  Yes No  Is this form being filed to	
Yes No  f the facility is not yet oper  Yes No	ating, will it receive State-appropriated funds when it begins operation?
Yes No  Yes No  Is this form being filed to  Yes No	revise information provided in a previously submitted Abortion Facility License Form?
Yes No  f the facility is not yet oper  Yes No  Is this form being filed to  Yes No	eting, will it receive State-appropriated funds when it begins operation?  Therefore information provided in a previously submitted Abortion Facility License Form?  The provided in a previously submitted Abortion Facility License Form?  The provided in a previously submitted Abortion Facility License Form?  The provided in a previously submitted Abortion Facility License Form?  The provided in a previously submitted Abortion Facility License Form?

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

By credit/debit card

☑ By check/money order



## Certificate of Licensure

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.

933 LIBERTY AVENUE PITTSBURGH The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00248701

11/15/2017 ISSUED ON:

11/30/2017 EFFECTIVE FROM:

EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 3 rooms.

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 557.4 (a)(1-4), 559.1 Nursing Department, 559.3 (b), 571.1, 571.1, 571.2 (d), 571.2 (d) This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

LETTER ON FILE IN FACILITY

ANESTHESIA TYPES: Mac

Nancy J. heacange

Rachel L. Levine, MD Secretary of Health



NOTE: This license must be posted in a conspicuous place on the pemises.



## License Application Form

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. 933 LIBERTY AVENUE PITTSBURGH, PA 15222

	Facility	ID: 00248701 Licens	se #: 00248701 Medi	care No:	
County	Allegheny		Type of	Renewal App	lication
Phone Number	(412)562-	1900	Applicat	on (Closed)	
ax Number	(412)434-	8974	Type of Ownersh	nip	
Email Address	708(b)	(6)	Type of	5)	
Name of Immediat	e Owner		Operation	n	
Accreditation Infor	mation	chart days - to the	Unknown		
	oy of the Accrediting	Organization's accr	editation letter.		
Current License N	umber 00248701		Expiration Date of C	Current License 11,	/30/2017
ABF Beds Operating Rooms Type of Surgery:	Medical Abo	Procedure Rooms	3j 3j 3	reatment Rooms	
ABF Fields	Medical Abi	ortion Procedures, 5	digical Abortion Froc	edures	
Anesthesia Type	MAC		Physical Status	CLASS 2	
dministrator/CEO/Di Name 708(b)	)(1)(ii)	(b)(1)(ii)		Effective	5/1/2006
* Director of Nursin	18 18		A <u>v</u> al		
Are there any dinave ever been co (VIII, XIX, or XX? Yes	irectors, officers, ag nvicted of a crimina	ents, or managing of loffense related to	employees of the ins their involvement in	titution, agency or such programs es	organization w tablished by Tit
	hange in ownership le last year? If yes,		any change of rol within the year?	Do you anticipate bankruptcy within when?	
□Yes		Yes		Yes	FERRASII
	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yy

<b>☑</b> No	<b>☑</b> No	<b>☑</b> No	
List name and address of all p click <b>Attach</b> button after you		% or more (Type in or attach a document. Make s	sure to
Planned Parenthood of Western P	ennsylvania, Inc is a non-profit con nia, Inc., located at 933 Liberty Av	poration governed by a Board of Directors. Planned enue, Pittsburgh PA 15222, is a fully accredited affiliate s Street, New York, NY 10038.	<b>→</b>
Attach	Browse		
If appropriate, list the name a to click <b>Attach</b> button after yo		rdmembers. (Type in or attach a document. Mak	e sure
(Board List w addresses FY18.doc			$\equiv$
Remove Attachment	View Attachment		
more in the institution,organ	izations, or agency that have	or indirect ownership or control interest of 5 percented been convicted of a criminal offense related programs established by Titles XVIII, XIX, or XX?	
	ar capacity who were employe	institution, agency, or organization in a manard by the institution's organization's, or agency's XVIII providers only)	
	n or pyramid corporate stru	rent corporate structure? If applicable, list nam ctures. Explain as necessary. (Type in or att a file.)	
Planned Parenthood of Western P	nia, Inc., located at 933 Liberty Ave	poration governed by a Board of Directors. Planned enue, Pittsburgh PA 15222, is a fully accredited affiliate s Street, New York, NY 10038.	1
			-1
Attach	Browse		
* Does owner(s) or corporate ☐ Yes ☑ No	members have financial intere	st in other health care facilities?	
		lities in which the owner or corporate members to click <b>Attach</b> button after you select a file.)	s have

_
Browse
Attach
* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.
Has the facility received such funds?
○ Yes ● No
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?
○ Yes ● No
* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?
○ Yes ● No
* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click <b>Attach</b> button after you select a file.)
(Physician list app.docx)
Remove Attachment View Attachment

## Payment:

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



## Certificate of Licensure

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP FAR NORTHEAST HEALTH CENTER 2751 COMLY ROAD

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

**PHILADELPHIA** 

9HEG8701 LICENSURE NUMBER:

EFFECTIVE FROM: 11/30/2017 ISSUED ON: 11/16/2017

EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1, 571.1, 571.12 (a)(b)(c) LETTER ON FILE IN FACILITY. SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy J. hescarage

Rachel L. Levine, MD Secretary of Health



NOTE: This license must be posted in a conspicuous place on the pemises.



## License Application Form

## PPSP FAR NORTHEAST HEALTH CENTER 2751 COMLY ROAD

PHILADELPHIA, PA 19154

Facility ID: 9HEG8701 License #: 9HEG8701 Medicare No: 8-5144 County Philadelphia Type of Renewal Application Application (Closed) Phone Number (267)687-6640 Type of (215)464-2246 Fax Number Ownership Email Address Type of Name of Immediate Owner Operation Accreditation Information Unknown Please attach a copy of the Accrediting Organization's accreditation letter. Browse... Attach Current License Number 9HEG8701 Expiration Date of Current License 11/30/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms 2 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures **ABF Fields** Anesthesia Physical MAC CLASS 2 Type Status Administrator/CEO/Director 708(b)(1)(ii) Name Effective 12/4/2013 \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? ☐ Yes V No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, when? If yes, when? when? Yes Yes Yes (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

<b>☑</b> No	<b>☑</b> No	<b>☑</b> No	
List name and address of all p		6 or more (Type in or attach a document. Make su	re to
N/A - Planned Parenthood Southe operates health centers in Cheste	eastern Pennsylvania (PPSP) is an	independent not-for-profit corporation [501(c)(3)] that adelphia counties. The organization is governed by ned Parenthood Federation of America, Inc.	1
Attach	Browse	<u>,</u>	
to click Attach button after yo	ou select a file.)	rdmembers. (Type in or attach a document. Make	sure
(List of Board Members.2017-18.) Remove Attachment	View Attachment		-
more in the institution,organ	nizations, or agency that have	or indirect ownership or control interest of 5 percein been convicted of a criminal offense related to programs established by Titles XVIII, XIX, or XX?	
accounting, auditing, or simil	currently employed by the i ar capacity who were employe the previous 12 months? (Title	nstitution, agency, or organization in a manage d by the institution's organization's, or agency's f XVIII providers only)	erial, iscal
address of parent corporation		rent corporate structure? If applicable, list name ctures. Explain as necessary. (Type in or attaca a file.)	
	ffiliate of Planned Parenthood Fede	ation of America.	<u> </u>
Attach	Browse		_
* Does owner(s) or corporate  ☑ Yes ☐ No	members have financial interes	it in other health care facilities?	
		ities in which the owner or corporate members has click <b>Attach</b> button after you select a file.)	nave

1) PPSP West 2) PPSP Far N 3) PPSP Surgi	Athood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health Chester Health Center (8 S. Wayne St, West Chester)  Iortheast Health Center (2751 Comly Rd, Philadelphia) this application cal Locust Health Center (1144 Locust St, Philadelphia)  renthood of Southeastern PA (1221 Powell St, Norristown)
	Browse
Attach	
12-month per	eted form is a public record if it is filed by a facility that received State-appropriated funds during the riod preceding a request to inspect or copy it.  The received such funds?
O Yes	No     No
If the facility	is not yet operating, will it receive State-appropriated funds when it begins operation?
O Yes	● No
	being filed to revise information provided in a previously submitted Abortion Facility License Form?  No
* List names document. Ma	s and license numbers of physicians performing abortions in above facility (Type in or attach a ake sure to click <b>Attach</b> button after you select a file.)
708(	b)(1)(ii)
Attach	Browse

Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



## Certificate of Licensure

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP SURGICAL LOCUST STREET HEALTH CENTER

1144 LOCUST STREET PHILADELPHIA The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00238701

ISSUED ON: 11/16/2017

EFFECTIVE FROM: 11/30/2017 EXPIRES ON: 11/30/2018

EALTHES ON: 11/30/2010

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1, 571.1, 571.12 (a)(b)(c), 571.2 (d) LETTER ON FILE IN SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy J. healawage





NOTE: This license must be posted in a conspicuous place on the pemises.



## **License Application Form**

## PPSP SURGICAL LOCUST STREET HEALTH CENTER 1144 LOCUST STREET

	Facility ID:		PHIA, PA 19107 #: 00238701 Medicar	re No: 8-5130	
County	Philadelph	ia	Type of		lication
Phone Number	(215)351-	5553	Applica		
Fax Number	(215)351-	5575	Type of Owners		
Email Address	708(b)	(6)	Type of	F	
Name of Immediate O	wner		Operati	ion	
Accreditation Informat	ion	M*	Unknown		
Please attach a copy o	f the Accrediting	Organization's acc	reditation letter.		
Attach		Browse			
Attach					
Current License Numb	per 00238701		Expiration Date of	Current License 11,	/30/2017
ABF Beds					
Operating Rooms	<u> 1581</u>	Procedure Rooms	2	Treatment Rooms	
Type of Surgery:	Medical Abo	ortion Procedures,	Surgical Abortion Pro	cedures	
ABF Fields					
Anesthesia Type	MAC		Physical Status	CLASS 2	
Administrator/CEO/Directo		<del></del>		*articles**	
Name 708(b)(1)(i		9/h\/1\	/ii)	Effective	12/4/2013
* Medical Director Nam  * Director of Nursing N	lame	8(b)(1)			
* Are there any direct have ever been convic XVIII, XIX, or XX?  Yes No	ors, officers, ag ted of a crimina	ents, or managing I offense related to	employees of the in their involvement in	stitution, agency or n such programs es	organization wh tablished by Title
Has there been a chang or control within the las when?		Do you anticipate ownership or cont If yes, when?	any change of crol within the year?	Do you anticipate bankruptcy within when?	filing for the year? If yes
Yes	(mm/dd/yyyy)	Yes	(mm/dd/yyyy)	□Yes	(mm/dd/yyyy

<b>☑</b> No	<b>☑</b> No	<b>☑</b> No	
List name and address of all click <b>Attach</b> button after you	persons having ownership of select a file.)	5% or more (Type in or attach a document. Make	sure to
N/A - Planned Parenthood South operates health centers in Cheste	eastern Pennsylvania (PPSP) is er, Delaware, Montgomery, and P	an independent not-for-profit corporation [501(c)(3)] that hiladelphia counties. The organization is governed by anned Parenthood Federation of America, Inc.	_
			▼
Attach	Browse		
to click <b>Attach</b> button after y	ou select a file.)	pardmembers. (Type in or attach a document. Ma	ke sure
(List of Board Members.2017-18.			$\equiv$
Remove Attachment	View Attachment		
more in the institution,organ	nizations, or agency that ha	ct or indirect ownership or control interest of 5 per ve been convicted of a criminal offense related e programs established by Titles XVIII, XIX, or XX?	to the
* Are there any individuals accounting, auditing, or simil intermediary or carrier within Yes	ar capacity who were emplo	e institution, agency, or organization in a mana yed by the institution's organization's, or agency the XVIII providers only)	agerial, s fiscal
	on or pyramid corporate st	parent corporate structure? If applicable, list nar cructures. Explain as necessary. (Type in or at ct a file.)	
N/A - PPSP is a fully accredited a	iffiliate of Planned Parenthood Fe	deration of America.	•
	Browse		Ť
Attach			
* Does owner(s) or corporate  ✓ Yes  □ No	members have financial inte	rest in other health care facilities?	
		icilities in which the owner or corporate member e to click <b>Attach</b> button after you select a file.)	s have
NA.			

	rr Northeast Health Center (2751 Comly Rd, Philadelphia)  rgical Locust Health Center (1144 Locust St, Philadelphia) this application  Parenthood of Southeastern PA (1221 Powell St, Norristown)
	<b>*</b>
	Browse
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-b1	
	pleted form is a public record if it is filed by a facility that received State-appropriated funds during the period preceding a request to inspect or copy it.
Has the fac	cility received such funds?
O Yes	● No
If the facili	ty is not yet operating, will it receive State-appropriated funds when it begins operation?
O Yes	● No
	rm being filed to revise information provided in a previously submitted Abortion Facility License Form?
* Is this fo	
* Is this fo O Yes	● No
O Yes	
O Yes  * List nam	nes and license numbers of physicians performing abortions in above facility (Type in or attach a
Yes  * List nam document.	nes and license numbers of physicians performing abortions in above facility (Type in or attach a Make sure to click <b>Attach</b> button after you select a file.)
Yes  * List nam document.	nes and license numbers of physicians performing abortions in above facility (Type in or attach a
O Yes  * List nam document.	nes and license numbers of physicians performing abortions in above facility (Type in or attach a Make sure to click <b>Attach</b> button after you select a file.)

## Payment:

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



## Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP WEST CHESTER HEALTH CENTER

## 8 SOUTH WAYNE STREET

## WEST CHESTER

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00208701

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 567.11 (5), 571.1 LETTER ON FILE IN FACILITY

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 08/07/2017

Effective From: 08/31/2017

Nancy J. healanage Nancy J. Lescanage



Rachel L. Levine, MD Secretary of Health

Expiration Date: 08/31/2018

NOTE: This registration must be posted in a conspicuous place on the pemises.



## **License Application Form**

## PPSP WEST CHESTER HEALTH CENTER \* 8 SOUTH WAYNE STREET

WEST CHESTER, PA 19382
Facility ID: 00208701 License #: 00208701 Medicare No: 8-1507

0 1			100		- 100 E	
County	Chester			ype of Application	Renewal Appl (Approved)	ication
Phone Number	(267)687-			ype of	(,	
Fax Number	(610)241-			Ownership		
Email Address	708(b)	(6)		ype of		
Name of Immediate Own	er		(	Operation		
Accreditation Information	ř		10-AAAA			
* Class A facilities are r please attach your deeme	required to a ed letter. If ye	ttach their accredit ou are accredited on	ation/deemed ly, please atta	letter. If y ach your acc	ou are accredi reditation lette	ited and deemed r.
(Accreditation Letter 7.20	17.pdf)		ī			
Remove Attachment	View	Attachment				
Current License Number	00208701		Expiration D	ate of Curre	ent License 8/3	1/2017
ABF Beds			PARTIES.			
Operating Rooms	250	Procedure Rooms	2	Treat	tment Rooms	
Type of Surgery:	Medical Ab	ortion Procedures, S	Surgical Aborti	on Procedur	res	
ABF Fields						
Anesthesia Type	DCAL		Physical Status	CLA	SS 1	
Administrator/CEO/Director						
Name 708(b)(1)(ii)					Effective	12/4/2013
* Medical Director Name	70	0/6\/4\	/!:\			
* Director of Nursing Nam	ne /U	8(D)(T)	(II)			
	33					
* Are there any directors	s, officers, ag	ents, or managing	emplovees of	the institut	ion, agency or	organization wh
	of a crimina	I offense related to	their involver	ment in sucl	h programs est	ablished by Title
nave ever been convicted						
nave ever been convicted (VIII, XIX, or XX?						
nave ever been convicted ⟨VIII, XIX, or XX? □Yes						
have ever been convicted XVIII, XIX, or XX? Yes No	8 000	Do you ontining to	any chance -			Sline for
nave ever been convicted XVIII, XIX, or XX? □Yes	in ownership	Do you anticipate ownership or contri If yes, when?	any change of rol within the			filing for the year? If yes,

✓ No (m	nm/dd/yyyy) 🗹 No	(mm/dd/yyyy)	✓No	(mm/dd/yyyy)
List name and address of all click <b>Attach</b> button after you	persons having ownership output to the persons having ownership of the persons having out the persons have been also been also because the persons have been also been also been also be a person of the pe	of 5% or more (Type in	or attach a document	. Make sure to
N/A - Planned Parenthood Sout operates health centers in Ches		Philadelphia counties. The	e organization is governed	
Attach	Browse			-1
If appropriate, list the name to click <b>Attach</b> button after	you select a file.)	boardmembers. (Type	in or attach a docume	nt. Make sure
(List of Board Members 2017-18 Remove Attachment	B.pdf) View Attachment			≐
Remove Attachment	view Attachment		=	
* Are there any individuals of more in the institution,orgal involvement of such persons Yes	anizations, or agency that I	have been convicted o	f a criminal offense i	elated to the
* Are there any individual accounting, auditing, or sim intermediary or carrier within Yes  No	ilar capacity who were emp	loyed by the institution	n's organization's, or a	a managerial, agency's fiscal
* Is the facility's ownership address of parent corporat document. Make sure to click Yes	tion or pyramid corporate	structures. Explain as	ucture? If applicable, in necessary. (Type in	list name and or attach a
PPSP is a fully accredited affiliat	te of Planned Parenthood Federa	ation of America (PPFA).		_
Planned Parenthood Federation 123 William Street, 10th Floor New York, NY 10038	of America			
,,,,,,,				+1
Attach	Browse	J		_
* Does owner(s) or corporate  ☑ Yes  ☐ No	e members have financial int	terest in other health ca	re facilities?	
If yes, list name and addre financial interest. (Type in or	ss of all other health care attach a document. Make si	facilities in which the ure to click <b>Attach</b> butt	owner or corporate m on after you select a fi	nembers have le.)

Planned Parenthood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health:  1) PPSP West Chester Health Center (8 S. Wayne St, West Chester) this application  2) PPSP Far Northeast Health Center (2751 Comly Rd, Philadelphia)
3) PPSP Surgical Locust Health Center (1144 Locust St, Philadelphia)
4) Planned Parenthood of Southeastern PA (1221 Powell St, Norristown)
<u> </u>
Browse
Attach
* The completed form is a public record if it is filed by a facility that received State-appropriated funds during the 12-month period preceding a request to inspect or copy it.
Has the facility received such funds?
○ Yes
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?
○ Yes
* Is this form being filed to revise information provided in a previously submitted Abortion Facility License Form?
0.44
○ Yes
* List names and license numbers of physicians performing abortions in above facility (Type in or attach a document. Make sure to click <b>Attach</b> button after you select a file.)
708(b)(1)(ii)
Browse
Attach

## Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

DELAWARE COUNTY WOMEN'S CENTER, INC.

1 MEDICAL CENTER BLVD.

CHESTER

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: FW3L8701

Exceptions: 29.33(6) LETTER ON FILE IN FACILITY.

Issued On: 02/14/2018

Effective From: 02/28/2018

Nancy J. heacanage

Nancy J. Lescavage Deputy Secretary for Quality Assurance

Expiration Date: 02/28/2019

Rachel L. Levine, MD Secretary of Health

> pennsylvania DEPARTMENT OF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.



## **License Application Form**

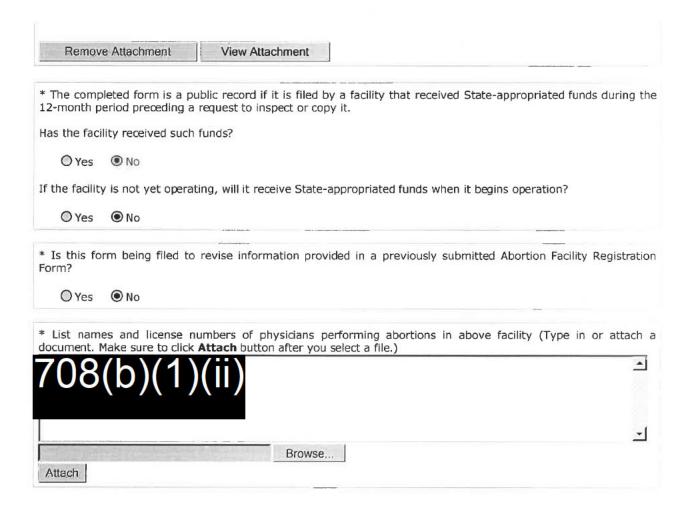
DELAWARE COUNTY WOMEN'S CENTER, INC.

1 MEDICAL CENTER BLVD.
CCMC Annex 4th Floor,

CHESTER, PA 19013
Facility ID: FW3L8701 License #: FW3L8701 Medicare No:

County	Delaware		Type of	Renewal Appl	ication	
Phone Number	(610)874-436	1	Applicati	on (Closed)		
Fax Number	(610)874-4363	3	Type of Ownersh	nip		
Email Address	708(b)(6)		Type of	5. M.		
Name of Immediate Owner			Operation			
Accreditation Informati	on	-	Unknown			
Please attach a copy of	the Accrediting	Organization's accre	editation letter.			
	to the	Browse				
Attach						
Current License Numb	er FW3L8701		Expiration Date of C	Current License 2/2	8/2018	
ABF Beds		_				
Operating Rooms	0	Procedure Rooms	0	Freatment Rooms	2	
Type of Surgery:		Medical Aborti	on Procedures			
ABF Fields						
Anesthesia Type	N/A		Physical Status	CLASS 1		
Administrator/CEO/Directo	n.			<u></u>		
708(b)(1)(i		(1-)(4)(")		Effective	9/11/2015	
* Medical Director Nam	<sub>ne</sub> /08	(b)(1)(ii)				
* Director of Nursing N	ame N/A	THE CONTROL IN CONTROL OF	***************************************			
* Are there any direct have ever been convic XVIII, XIX, or XX?  Yes No	ors, officers, ago ted of a crimina	ents, or managing e I offense related to	employees of the ins their involvement in	stitution, agency or such programs est	organization wh ablished by Title	
Has there been a chang or control within the las when?		Do you anticipate a ownership or control of yes, when?	any change of ol within the year?	Do you anticipate bankruptcy within when?		

Yes (mm/dd/yyyy) ✓	Yes No	(mm/dd/yyyy)	☐ Yes ☑ No	(mm/dd/yyyy)
List name and address of all persons having click <b>Attach</b> button after you select a file.) Humedco Corp, 601 Chapel Avenue East, Cherry		r more (Type in	or attach a doo	cument. Make sure to
Attach	Browse			_
If appropriate, list the name and address o to click <b>Attach</b> button after you select a file N/A	f trustees or boardm )	embers. (Type	in or attach a d	document. Make sure
Attach	Browse			
* Are there any individuals or organizations more in the institution,organizations, or a involvement of such persons, or organization Yes	gency that have be	en convicted o	of a criminal of	fense related to the
* Are there any individuals currently em accounting, auditing, or similar capacity wh intermediary or carrier within the previous 1 Yes	no were employed b	y the institution	n's organization	on in a managerial, 's, or agency's fiscal
* Is the facility's ownership involved with address of parent corporation or pyramic document. Make sure to click <b>Attach</b> button Yes	d corporate structur	es. Explain as	ucture? If appli necessary. (T	cable, list name and Type in or attach a
Remove Attachment View Attachment	chment	a bloom have fallen	6 1111 - 2	
* Does owner(s) or corporate members have  Yes  No  If yes, list name and address of all other financial interest. (Type in or attach a document of the corporate members have a document of the corporat	health care facilities	in which the	owner or corpo	orate members have lect a file.)
(Renewal Document 2 - SUBSIDIARY LISTING.pd				-



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Commonwealth of PA Privacy Statement



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

## DREXEL UNIVERSITY D/B/A DREXEL OB/GYN ASSOCIATES AT FEINSTEIN

216 N. BROAD STREET

PHILA

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: 89LC8701

Issued On: 07/24/2017

Effective From: 07/31/2017

Nancy J. hescarage

Expiration Date: 07/31/2018

Rachel L. Levine, AD Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the pemises.



## **License Application Form**

DREXEL OB/GYN ASSOCIATES AT FEINSTEIN 216 N. BROAD STREET 4th floor, PHILA, PA 19102

Facility ID: 89LC8701 License #: 89LC8701 Medicare No:

County Philadelphia Phone Number (215)850-8181	Type Applic	cation (Closed)	lication
Fax Number (215)762-4323	Type Owne		
Email Address 708(b)(6)	Type	HACK OF BY	
Name of Immediate Owner	Opera	ation	
Accreditation Information	Unknown		
Please attach a copy of the Accrediting Organization's	accreditation letter.		
Browse			
Attach			
Current License Number 89LC8701	Expiration Date of	of Current License 7/3	31/2017
ABF Beds			
Operating Rooms Procedure Rooms	oms Ol	Treatment Rooms	1
Type of Surgery: Medical A	Abortion Procedures		
ABF Fields			
Anesthesia N/A Type	Physical Status	CLASS 1	
Administrator/CEO/Director		Effective	6/1/2011
Name 708(b)(1)(ii)		Effective	6/1/2011
* Medical Director Name  * Director of Nursing Name 708(b)(7	1 )(ii) <sub>-</sub>		
* Director of Nursing Name	///		
* Are there any directors, officers, agents, or managed have ever been convicted of a criminal offense related XVIII, XIX, or XX?  Yes  No			
20001000	-		
	pate any change of	Do you anticipate	
	control within the year	when?	the year? If yes

<b>☑</b> No	(mm/dd/yyyy) 🗹 No	(mm/dd/yyyy)	(mm/dd/yyyy)
click <b>Attach</b> button after		f 5% or more (Type in or affach	a doc ment. Dake sure to
(Drexel University Board of Remove Attachmen		N. Lamestown	
to click <b>Attach</b> button a		boardmembers. (Type in or atta	ch a document. Make sure
(Drexel University Board of Remove Attachmen	resident formation and the second	Name Address Company	
more in the institution	uals or organizations having a direction of the contract of th	have been convicted of a crimin	nal offense related to the
accounting, auditing, or	riduals currently employed by the similar capacity who were empwithin the previous 12 months? (1	loyed by the institution's organi	nization in a managerial, zation's, or agency's fiscal
address of parent cordocument. Make sure to	ership involved with a pyramid o poration or pyramid corporate o click <b>Attach</b> button after you se	structures. Explain as necessa	applicable, list name and ry. (Type in or attach a
✓No			_
Attach	Browse		_
* Does owner(s) or corp  Yes  No	porate members have financial in	terest in other health care facilitie	es?
	address of all other health care in or attach a document. Make s		
Drexel Centers for Digesti 219 North Broad Street 5th Floor	ve Health		
Philadelphia, PA 19107			_1
Attach	Browse		

* The completed form is a public record if it is filed by a facility that received State- 12-month period preceding a request to inspect or copy it.	appropriated funds during the			
Has the facility received such funds?				
● Yes ○ No				
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?				
O Yes ● No				
* Is this form being filed to revise information provided in a previously submitted Form?	Abortion Facility Registration			
O Yes ● No				
* List names and license numbers of physicians performing abortions in above document. Make sure to click <b>Attach</b> button after you select a file.)	facility (Type in or attach a			
708(b)(1)(ii)	۵			
Browse	_			



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

MAZZONI CENTER D/B/A MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE 1348 BAINBRIDGE STREET

PHILADELPHIA

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: N4HF8701

Issued On: 07/27/2017

Effective From: 07/31/2017

Nancy J. healang

pennsylvania DEPARTMENT OF HEALTH NOTE: This registration must be posted in a conspicuous place on the pemises.

Expiration Date: 07/31/2018

Rachel L. Levine, MD Secretary of Health



## License Application Form

## MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147

	Facility 1	D: N4HF8701 Licens	se #: N4HF8/01 Med	icare No:	
County	Philadelphi	a	Type of	Renewal App	lication
Phone Number	(215)563-0		Applicat Type of	ion (Closed)	
Fax Number	(215)563-0	g cores to a	Ownersh	nip	
Email Address	708(b)(6		Type of		
Name of Immediate	Owner		Operation	on	
	007.		=		
Accreditation Inform	ation		Unknown		
Please attach a copy	of the Accrediting	Organization's accr	editation letter.		
		Browse			
Attach					
Current License Nur	mber N4HF8701		Expiration Date of (	Current License 7/3	31/2017
				-	
ABF Beds					
Operating Rooms	0	Procedure Rooms	0	Treatment Rooms	3
	,		,		
Type of Surgery:		Medical Abort	ion Procedures		
ABF Fields					
Anesthesia Type	N/A		Physical Status	CLASS 1	
Administrator/CEO/Dire	ector				
Name 708(b)(1)(	and the same of th			Effective	6/23/2017
* Medical Director N	708	3(b)(1)(ii)	1000		
* Director of Nursing					
- Director of Nursing	g Name		Manual 1 May Par		
* Are there any dire have ever been con XVIII, XIX, or XX?  Yes  No	ectors, officers, ago victed of a crimina	ents, or managing I offense related to	employees of the in: their involvement ir	stitution, agency or such programs es	r organization who stablished by Titles
Has there been a char or control within the when?		Do you anticipate ownership or cont If yes, when?	any change of rol within the year?	Do you anticipate bankruptcy within when?	filing for the year? If yes,
¥Yes	04/23/2017 (mm/dd/yyyy)	<b>☑</b> Yes	11/01/2017 (mm/dd/yyyy)	□Yes	(mm/dd/yyyy)

No	□No	<b>☑</b> No
List name and address of all p		or more (Type in or attach a document. Make sure to
		zation, which enables the board members 100% control
		▼
Attach	Browse	
to click Attach button after yo	ou select a file.)	dmembers. (Type in or attach a document. Make sure
(Board of Directors - January 201		
Remove Attachment	View Attachment	
involvement of such persons, ☐ Yes ☑ No	or organizations in any of the pr	been convicted of a criminal offense related to the ograms established by Titles XVIII, XIX, or XX?
accounting, auditing, or simil		stitution, agency, or organization in a managerial, I by the institution's organization's, or agency's fiscal (VIII providers only)
address of parent corporation		ent corporate structure? If applicable, list name and tures. Explain as necessary. (Type in or attach a file.)
		_
		_
Attach	Browse	
* Does owner(s) or corporate ☐ Yes ☑ No	members have financial interes	in other health care facilities?
		ties in which the owner or corporate members have o click <b>Attach</b> button after you select a file.)

		_
		~1
Aug ala Ì	A STATE OF THE STATE OF	Browse
Attach	_	
* The comp 12-month p	eriod preceding a request to	d if it is filed by a facility that received State-appropriated funds during the inspect or copy it.
Has the faci	lity received such funds?	
Yes	ONo	
f the facility	y is not yet operating, will it	receive State-appropriated funds when it begins operation?
Yes	○ No	
* Is this fo Form?	rm being filed to revise inf	formation provided in a previously submitted Abortion Facility Registration
Yes	ONo	
List name	es and license numbers of Make sure to click <b>Attach</b> bu	physicians performing abortions in above facility (Type in or attach attendant you select a file.)
7080	b)(1)(ii)	_
99(	<b>3</b> )(	
		Browse